

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH42159
State File No.

BIRTH NO.		REG. DIST. NO. 325		PRIMARY REG. DIST. NO. 4478		Registrar's No. 48	
1. PLACE OF DEATH a. COUNTY SCHUYLER				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY SCHUYLER			
b. CITY (If outside corporate limits, write RURAL and give township) TOWN LANCASTER		c. LENGTH OF STAY (In this place) 78 YRS		c. CITY (If outside corporate limits, write RURAL and give township) TOWN LANCASTER		98	
d. FULL NAME OF HOSPITAL OR INSTITUTION LANCASTER, MO				d. STREET ADDRESS (If rural, give location) 0 0			
3. NAME OF DECEASED (Type or Print) JAMES		a. (First) BARNETT		c. (Last) ASHMEAD		4. DATE OF DEATH (Month) (Day) (Year) DEC 21, 1948	
5. SEX MO		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) SINGLE		8. DATE OF BIRTH NOV 28, 1870	
9. AGE (In years last birthday) 78		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY FARMER		11. BIRTHPLACE (State or foreign country) MO	
12. CITIZEN OF WHAT COUNTRY? 1		13a. FATHER'S NAME JOHN W. ASHMEAD		13b. MOTHER'S MAIDEN NAME LYDIA WALKER		14. NAME OF HUSBAND OR WIFE 2	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. 1		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Eddie Heuse Lancaster, MO			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. 928		MEDICAL CERTIFICATION DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death occurred suddenly while asleep Chronic myocarditis several years ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rhythm attacks every winter DUE TO (c) Acute colds II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH Several years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 10, 1948, to Dec 10, 1948, that I last saw the deceased alive on Dec 10, 1948, and that death occurred at 11 P.M. from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Edna M. Nultman M.D.				23b. ADDRESS Lancaster, MO		23c. DATE SIGNED Dec 21, 1948	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE DEC 23, 48		24c. NAME OF CEMETERY OR CREMATORY IOOF CEM		24d. LOCATION (City, town, or county) (State) LANCASTER, MO	
DATE REC'D BY LOCAL REG. Dec 22, 48		REGISTRAR'S SIGNATURE Hors. H. J. Drake		353		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Everett R. Head Lancaster, MO	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 10

District File Number 12-48-2209

Date Filed DEC 28 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____

Student Embalmer

Signed

Lucieth R. Head

Licensed Embalmer No. 4038

P. O. Address Lancaster, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.